H.R. 1458 under the suspension of the rules today.

Mr. SMITH of Texas. Mr. Speaker, Representative ADERHOLT's bill eliminates unnecessary impediments in handling the everyday transactions of individuals and businesses.

Many documents executed and notarized in one state, either by design or happenstance, find their way into neighboring or more distant states.

If ultimately needed in any one of the latter jurisdictions to support or defend a claim in court, that document should not be refused admission solely on the ground it was not notarized in the state where the court sits.

H.R. 1458 ensures this will not happen.

A notarization in and of itself neither validates a document nor speaks to the truthfulness or accuracy of its contents.

The notarization serves a different function—it verifies that a document signer is who he or she purports to be and has willingly signed the document.

By executing the notarial certificate, the notary public, as a disinterested party to the transaction, informs all other parties relying on or using the document that it is the act of the person who signed it.

Consistent with the vital significance of the notarial act, H.R. 1458 compels a court to accept the authenticity of the document even though the notarization was performed in a state other than where the forum is located.

Mr. Speaker, I conclude by pointing out that much of the testimony we received at our Subcommittee hearing on the bill addressed the silliness of one state not accepting the validity of another state's notarized document in an interstate legal proceeding.

Some of the examples were based on petty reasons—for example, one state requires a notary to affix an ink stamp to a document, an act that is not recognized in a sister state that requires documents to be notarized with a raised, embossed seal.

Passing the bill will streamline interstate commercial and legal transactions consistent with the guarantees of the Full Faith and Credit Clause of the Constitution.

Mr. SENSENBRENNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. MORAN of Kansas). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 1458, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

PHYSICIANS FOR UNDERSERVED AREAS ACT

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4997) to permanently authorize amendments made by the Immigration and Nationality Technical Corrections Act of 1994 for the purpose of permitting waivers of the foreign country residence requirement with respect to certain international medical graduates, as amended.

The Clerk read as follows:

H.R. 4997

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Physicians for Underserved Areas Act''.

SEC. 2. WAIVER OF FOREIGN COUNTRY RESIDENCE REQUIREMENT WITH RESPECT TO INTERNATIONAL MEDICAL GRADUATES.

Section 220(c) of the Immigration and Nationality Technical Corrections Act of 1994 (8 U.S.C. 1182 note; Public Law 103–416) (as amended by section 1(a)(1) of Public Law 108–441) is amended by striking ''June 1, 2006.'' and inserting ''June 1, 2008.''.

SEC. 3. EFFECTIVE DATE.

The amendment made by section 2 shall take effect as if enacted on May 31, 2006.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 4997 currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

□ 1500

Mr. SENSENBRENNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 4997, the Physicians for Underserved Areas Act, reauthorizes for 2 years the program under which physicians on J–1 visas can work in underserved areas. The program expired on June 1 of this year.

Each year numerous foreign doctors come to the United States to complete their residency training. Many do so using the J–1 visa. One of the requirements for physicians who use the J–1 visa is that the participant return to his or her own country for 2 years upon completion of the training program in the United States. The purpose of this foreign residency requirement is to encourage U.S.-trained physicians to return to their country and to improve medical conditions there.

Since 1994, Congress has waived the 2-year foreign residency requirement for physicians who agree to work in an underserved area of the United States, as designated by the Department of Health and Human Services. Each State receives 30 such waivers a year.

The waiver program allows States to recruit physicians to areas that have trouble attracting newly trained American physicians. Because of this waiver program, many communities that might otherwise have no access to medical services now have physicians nearby. It also responds to an overall shortage of physicians in the United States, which is a disconcerting trend.

A 2-year reauthorization of this program in its current form also gives Congress time to consider whether future changes may be needed to the program. For example, larger States like Texas have expressed a need for additional waivers beyond the 30 currently allowed. It is important that we consider ways to address this problem without putting the small States at a disadvantage. By reauthorizing the waiver program, we will provide States with some relief for the physician shortage they are facing, particularly in rural and underserved areas.

I urge Members to support this bill.

Mr. Speaker, I reserve the balance of my time.

Mr. CONYERS. Mr. Speaker, I yield myself such time as I may consume.

I am pleased to have reached a bipartisan agreement to extend the J–1 visa waiver program for another 2-year period. This visa waiver program is critically important to bringing essential medical services to residents of underserved rural and urban areas, including my own district in Detroit, Michigan. The J–1 program allows some foreign doctors who have completed their medical training in the United States to remain here to practice medicine for 2 years if they will serve patients in a region of the country that the Federal Government defines as medically underserved. These tend to be less affluent urban areas with high population densities and insufficient access to general practitioners and specialists as well as rural areas that are far from medical centers and may have trouble attracting enough doctors to meet the communities' needs. These communities are particularly desperate for physician services because of the growing national shortage of doctors our country is facing.

This past summer a Los Angeles Times article detailed the looming crisis in medical care in the United States as the demand for medical service explodes. The article noted industry fears that shortages may even become more severe over the next decade due to the flat medical school enrollments, aging baby boomers, and the high number of doctors heading for retirement.

While some communities enjoy a glut of physicians, one in five Americans, in fact, live in rural and urban areas with so few doctors that the Federal Government has classified these regions as ''medically underserved.'' It is these Americans that foreign doctors assist when they get a J–1 visa waiver to practice medicine in communities that don't have enough American doctors.

I believe we need to make improvements in this program so that it better meets the needs of the underserved. Right now some States who receive J–1 doctors through the ''Conrad-30 program'' do not lose their allotment of 30 waivers each year while other States find that 30 waivers are insufficient to meet the medical needs of their communities. In addition, some States may

not need 30 waivers, but other States have trouble recruiting all the doctors they need. The result is that some citizens are still unable to get essential medical care.

We need a plan that ensures that States having trouble recruiting enough doctors will be able to fill their allotment for J–1 doctors and ensure that States which fill their annual allotment of J–1 doctors can get more such doctors to meet their needs without impinging upon those allotted to any other State. In this way the needs of all States and, most importantly, all of the citizens in underserviced areas can be met until U.S. medical schools are able to increase the number of graduates to meet our domestic needs.

I look forward to working with my colleagues in the House and Senate in the 110th Congress to improve, extend, and sustain this vital visa program in the very near future.

Mr. Speaker, I reserve the balance of my time.

Mr. SENSENBRENNER. Mr. Speaker, I yield 4 minutes to the author of the bill, the gentleman from Kansas (Mr. MORAN).

Mr. MORAN of Kansas. Mr. Speaker, I want to thank Chairman HOSTETTLER and Ranking Member JACKSON-LEE and the two chairmen and ranking members of the full committee, who are here today, for their leadership and effort.

This has been a long time coming. The J–1 visa Conrad program has expired 6 months ago, and communities are waiting for the certainty of this legislation's passing, and I am grateful to the leadership of the committee as well as the House to see that this bill is on the floor today.

I came to Congress as a Member who wanted to do something about preserving and improving the way of life in rural America, and one of the things I quickly discovered was if there is going to be a future for rural communities we are going to have to have access to affordable medical care. If you want your community to have that future, you have got to have hospital doors that remain open, physicians in communities, home health care, nursing home care, and other professional health care providers that can meet the needs. Otherwise, our senior citizens that make up such a large portion of our population will reluctantly move away and young families will decide we can't take the risk of living in a community that does not allow us the opportunity to have our children treated with adequate medical facilities.

The J–1 visa program, though not solving all of the challenges we face in meeting the health care needs of Americans, is one step in that direction that needs to be there. It needs to be in place, and I am pleased that the committee has recognized its importance.

The physician shortage that has been mentioned is real. In fact, the U.S. Department of Health and Human Services estimates that although a quarter of the population of our country lives in rural America, only 10 percent of the physicians serve that population. We have a tremendous gap. And the unique thing about this, as is with many what I would call rural health care issues, is it brings urban Members of Congress and rural Members of Congress together because our needs are so identical. We are so underserved that the core center of cities and the most unpopulated areas of the country face the same challenges: How do we meet the health care needs of Americans who choose to live where they live? Kansas has been able to recruit 66 physicians since 2002 when we developed our State program, and it has made a tremendous difference. Three communities, Rush County Memorial Hospital now has had three J–1 visa physicians, the only physicians in the county. The same thing with Greensburg, Kansas. For the last 10 years, no physician in the community but a J–1 visa, and those J–1 visa doctors have attracted three mid-level practitioners. And, finally, the most recent success in Kansas is a community health clinic, the United Methodist Mexican-American Ministries, where they just recruited a J–1 visa doctor from Peru who now can address the needs of many Hispanic members of that community in southwest Kansas. It is wonderful now to have a bilingual J–1 visa doctor.

Again, there are issues that we would love to work on to address the distribution of J–1 visa physicians, and I look forward to trying to meet that challenge with my colleagues from across the country. But this program is important. It saves lives. It is often the only health care opportunity that many Americans will ever receive, and the J–1 visa program is about good health and saving lives.

I am very grateful for the opportunity to be here today.

Mr. CONYERS. Mr. Speaker, I would like to yield such time as she may consume to the distinguished gentlewoman from Texas, SHEILA JACKSON-LEE, the ranking member of the Subcommittee on Immigration in the Judiciary Committee.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the distinguished ranking member for yielding, and I look forward to his leadership in the 110th Congress. I thank him for his leadership on this legislation. I thank the full committee chairman as well. I pay great respect to my good friend from Kansas, Mr. MORAN, for his leadership and authoring of this bill and for his very careful, meticulous work with the committee of jurisdiction, the Judiciary Committee, and the Subcommittee on Immigration, Border Security, and Claims.

This is what you call a stellar example of real immigration reform. Rational, reasonable thinking, putting immigration in a good light. And it is a right light and a positive light. And it is, as Mr. MORAN has just previously said, about good health care. And I am delighted to hear his noted examples that this is a real question for good health care in America.

The Physicians for Underserved Areas Act that I have worked on with the chairman of the subcommittee, Mr. HOSTETTLER, would reinstate and extend the J–1 visa waiver program. Foreign doctors who want to receive medical training in the United States on J visas are required to leave the country afterwards. They must return to their own countries for 2 years before they can receive a visa to work in the United States as physicians. In 1994, Congress established a waiver of this requirement. The waiver is available to doctors who will commit to practicing medicine for no less than 3 years in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals. The good news is that it is both in rural and urban areas that we can find this very vital and important tool.

Just a few weeks ago, I saw a doctors hospital in Houston literally shut down. Shut down for a number of reasons, management care problems. But that means that those doctors will be scattered in many different places. Urban areas can also be the victims of a lack of doctors.

The waiver program has been successful for more than a decade. It permits each State to obtain waivers permitting up to 30 physicians to work in medically underserved areas. It is not a permanent program. It is sunsetted on June 1 of this year. That is why we need the Physicians for Underserved Areas Act. H.R. 4997 would reinstate and extend the program for 2 years. This is the second time that we have co-sponsored this extension with Mr. HOSTETTLER.

We have a longstanding commitment to ensuring that legislation that can be bipartisan moves through this committee and the full committee. The need for physicians in underserved areas is not a partisan issue. The J–1 visa waiver is also known as a Conrad program to reflect the fact that Senator CONRAD established it. Senator CONRAD and I have worked together on the program and decided that more data was needed on how successfully the program is being implemented. So we asked the General Accounting Office to investigate the implementation of the J–1 visa program. GAO issued a report in November of this year, and among other things, GAO found that the use of the J–1 visa waiver is a major means of providing physicians to practice in underserved areas of the United States. More than 1,000 waivers were requested in each of the fiscal years 2003 through 2005 by States and three Federal agencies, the Appalachian Regional Commission, the Delta Regional Authority, and the Department of HHS. GAO also found that the present system of providing up to 30 waivers per State is not working. A substantial percentage of States do not

need 30 waivers. There were 664 unused waivers in fiscal year 2005. Other States need more than 30 waivers a year for their medically underserved areas. The States that report needing more than 30 waivers only want between 5 and 50 more physicians. Their needs can be met by redistributing some of the unused waivers, but this must be done carefully. Some States expressed concern to GAO about redistributing unused waivers. They are afraid that physicians would wait and apply to more populous States that would be receiving the redistributed waivers. This problem has to be resolved before we can move forward with the development of a redistribution plan. That was a very important issue for some States such as Texas, but out of a commitment to bipartisanship but really the recognition that the J–1 visa extension is so crucial to the health needs of so many Americans, we have come together to look forward into the 110th Congress for the leaders who are going forward on this issue to begin to address how do we make more fair the redistribution of these visas and to ensure the best health care for Americans.

□ 1515

We are hoping that the other body will likewise see the wisdom of delaying this issue which hospitals in the State of Texas have worked very hard on. And I want to make it very clear that I look forward to working with hospitals around America to ensure that this redistribution process is fairly put in place so that we will have the kind of doctor distribution that will help all of us.

Let me also acknowledge, as I bring my remarks to a close, that although this is a bill that simply generates an extension, might I say to you that this has been a long journey to come this far, and I want to thank all of the staff. I want to thank, of course, Mr. POMEROY, who I hope will make remarks. We worked very closely with his office. And Mr. MORAN. As I said, the chair of the full committee, the chair and the ranking member.

As I close, let me acknowledge the fact that this may be the last bill that I will have the opportunity of working with Mr. HOSTETTLER on, and I simply wanted to acknowledge his integrity and his commitment and dedication to important principles, and his work on this particular legislation as we worked together, and thank him again for his service, and also his attentive concern to legislation that we hope will be seen in the next Congress, and that is the energy workers compensation bill, which we have just had five hearings on, which the last one was yesterday, and that will help to compensate many victims.

I conclude by thanking all of the sponsors and saying this a good bill, and I ask my colleagues to support it.

I rise in support of the Physicians for Underserved Areas Act, H.R. 4997, that I have offered with my colleague Representative JOHN HOSTETTLER. It would reinstate and extend the J–I Visa Waiver Program.

Foreign doctors who want to receive medical training in the United States on J visas are required to leave the country afterwards. They must return to their own countries for two years before they can receive a visa to work in the United States as physicians. In 1994, Congress established a waiver of this requirement. The waiver is available to doctors who will commit to practicing medicine for no less than three years in a geographic area designated by the Secretary of Health and Human Services as having a shortage of health care professionals.

The waiver program has been successful for more than a decade. It permits each state to obtain waivers permitting up to 30 physicians to work in medically underserved areas. It is not a permanent program. It sunsetted on June 1st of this year. The Physicians for Underserved Areas Act, H.R. 4997, would reinstate and extend the program for two years. This is the second time that I have cosponsored an extension with Representative HOSTETTLER. We have a long standing relationship of cooperation on this issue. The need for physicians in underserved areas is not a partisan issue.

The J–I Visa Waiver is also known as the Conrad program, to reflect the fact that Senator KENT CONRAD established it. Senator CONRAD and I have worked together on the program. We decided that more data was needed on how successfully the program is being implemented, so we asked the General Accountability Office (GAO) to investigate the implementation of the J–I Visa Waiver Program.

GAO issued a report in November of this year. Among other things, GAO found that the use of J–I visa waivers is a major means of providing physicians to practice in underserved areas of the United States. More than 1,000 waivers were requested in each of fiscal years 2003 through 2005 by states and three federal agencies—the Appalachian Regional Commission, the Delta Regional Authority, and the Department of Health and Human Services.

GAO also found that the present system of providing up to 30 waivers per state is not working well. A substantial percentage of the states do not need 30 waivers a year. There were 664 unused waivers in FY2005. Other states need more than 30 waivers a year for their medically undeserved areas.

The states that reported needing more than 30 waivers only want between 5 and 50 more physicians. Their needs can be met by redistributing some of the unused waivers, but this must be done carefully. Some states expressed concern to GAO about redistributing unused waivers. They are afraid that physicians would wait and apply to the more popular states that would be receiving the redistributed waivers. This problem has to be resolved before we can move forward with the development of a redistribution plan.

We will continue to work on a distribution system next year. I am confident that we will succeed in developing a new version of the J–I Visa Waiver Program that would facilitate the use of all of the available waivers and place the physicians where they are needed most.

It has been a long journey to get this bill to the floor. In addition to the work it took to get subcommittee and full committee markups, we have had an ongoing dialogue with our counterparts in the Senate. They wanted the program to have a redistribution program now. They do not want to wait until next year. I share their desire for a redistribution system. It would be a great help to my state, the State of Texas. Nevertheless, I do not want to do it at the cost of hurting the states that are finding it difficult to attract waiver physicians. My staff has advised me that the senators are very close to reaching an agreement on postponing consideration of redistribution. We will work on a resdribution program in the 110th Congress.

In closing, I would like to say a few words about my colleague, Representative HOSTETTLER. I have enjoyed working with Mr. HOSTETTLER. He is an honest and sincere man who is dedicated to his principles. Recently, we worked together to respond to attempts by the administration to impose cost containment measures on the Energy Worker's Compensation bill. We both felt that this was outrageous, and we have cooperated in conducting a series of 5 oversight hearings to ensure that everything about the situation would be out in the open and to leave a roadmap for the next Congress. Mr. HOSTETTLER has led this subcommittee with distinction. I wish him well in whatever he chooses to do in the future.

I urge you to vote ''yes'' for H.R. 4997—For good health care in America.

Mr. CONYERS. Mr. Speaker, I yield as much time as he may consume to the gentleman from North Dakota (Mr. POMEROY), who is the original cosponsor of this legislation.

Mr. POMEROY. Mr. Speaker, I want to congratulate the gentlewoman from Texas, SHEILA JACKSON-LEE, for the remarks she just made, particularly in respect to the cooperation with Chairman HOSTETTLER.

You know, this bill is before us at this critical hour for this program because of the work of the chairman and the persistent advocacy of the gentlewoman. What impresses me in particular is the gentlewoman's agreement to advance this bill forward, even though it was not reformed in ways that she had sought.

For rural areas, this was just so urgent. And we are really pleased that we can get this done, even as the session comes to conclusion. You see, we have trouble in rural areas. We have trouble getting doctors that we need to practice there. And this Conrad 30 program has played an incredibly important role in getting doctors into areas who need them in rural America. In fact, the physician practice vacancies in North Dakota have been cut roughly in half out in the rural areas as a result of this program. If this program were to expire, we would literally have hospitals without doctors. We would have people without the care they need. Frankly, we would have lives lost, because when you are getting into areas of western Kansas or North Dakota, you are talking about vast reaches of territory that take considerable time to cross before you can get someone, who may have an emergency medical condition, to an urban center where they might be treated.

So this program which is tried, true, tested and part of the landscape, is about to expire. Again, to sum up, continuation of it continues what we have got. We have agreed, I have agreed with the gentlewoman to take a look at how we reform it in ways that respond to her concerns. But I am just so pleased that she has agreed to move this forward, and also pleased with the working relationship she has with Chairman HOSTETTLER.

So, at this point in his congressional career, he instilled a sense that this come to the floor for a conclusion. Good for you, madam, gentlewoman, SHEILA JACKSON LEE, and good for you, Chairman HOSTETTLER. This is one rule America sorely needs. We thank you for it.

Mr. Speaker, I rise today in support of H.R. 4997, the Physicians for Underserved Areas Act, which helps to address the physician shortage in rural areas across America.

H.R. 4997 reauthorizes for two years the Conrad 30 program. This program, which was established by fellow North Dakotan, Senator KENT CONRAD, allows graduates of foreign medical schools who complete their training in the United States on a J–I cultural exchange visa to remain in the U.S. for three years if they agree to serve in a medically underserved community.

Many of these medically underserved communities are in rural areas. In fact, only about ten percent of physicians practice in rural America despite the fact that nearly one-fourth of the population lives in rural areas. In my own state of North Dakota, eighty-one percent of North Dakota's counties are designated as health professional shortage areas, or HPSAs.

In communities like Crosby and Tioga, North Dakota, the J–I visa waiver physicians pool serves as the primary resource to meet rural clinics and hospitals physician needs. For example, Dr. Ivan Tsutskiridze, serves Crosby, North Dakota, under the Conrad 30 program and is the communities' sole physician. Prior to the creation of the program, Crosby and other communities were chasing physicians. In fact, since 1994, this program has cut in half the number of family practice physician vacancies in North Dakota.

The importance of this program is evident. Last year alone, over 6,000 physicians participated in the J–I waiver program and it is heavily relied upon by a majority of the states. However, its need for reauthorization remains as the physician shortage in this country is projected to reach 200,000 by 2020. That is why I am pleased to see this bill before the House today to reauthorize this important program that has provided many rural areas with capable, much-needed physicians.

I would like to thank the people who have worked to bring this bill to the floor today, especially Representative JOHN HOSTETTLER, Representative SHEILA JACKSON-LEE and Representative JERRY MORAN. This bill makes a real difference for medically underserved areas across the United States and in North Dakota. I urge a ''yes'' vote on H.R. 4997.

Mr. CONYERS. Mr. Speaker, I yield 30 seconds to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. I would like to add my appreciation to all of the staff, majority and minority, who helped in the waning hours of this particular Congress, the 109th Congress, to help move this bill to suspension and to help move it forward. And I do thank Kristen Wells and Nolan Rappaport for their excellent cooperation and work on the minority staff in generating what I think is an important extension for doctors across America.

Ms. BORDALLO. Mr. Speaker, I rise today in strong support of H.R. 4997, the Physicians for Underserved Areas Act. This bill will permanently authorize the J–1 visa waiver program, allowing foreign physicians certain visa waivers in exchange for their service in medically underserved areas within the United States including the territories. A recent study conducted by the Government Accountability Office (GAO) attributed the J–1 visa waivers as a major means through which communities have successfully placed physicians in underserved areas.

The J–1 visa waiver program, since its inception in 1994, has brought physicians from areas around the world to the United States to improve access to primary medical care for individuals in underserved communities. Every year, nearly 1,000 requests for J–1 visa waivers are submitted, which is a testament to this program's popularity and effectiveness among U.S. medical schools and medically underserved communities.

As the representative from Guam, I know first-hand the challenges rural and medically underserved areas face. For instance, there is no oncologist on the island of Guam today. Cancer patients must travel to Hawaii to receive treatment. Because of the J–1 visa waiver program, however, the Government of Guam was able to apply for J–1 visa waivers for two physicians in 2005.

The Physicians for Underserved Areas Act, by making this program permanent, will go far toward helping medically underserved areas like the one I represent. Healthcare is a national priority, and as legislators, we are tasked with doing all that we can at the federal level to ensure that adequate medical care is available to all and that medical professionals can be recruited to serve medically underserved communities.

Mr. CONYERS. Mr. Speaker, I yield back the balance of my time.

Mr. SENSENBRENNER. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. CULBERSON). The question is on the motion offered by the gentleman from Wisconsin (Mr. SENSENBRENNER) that the House suspend the rules and pass the bill, H.R. 4997, as amended.

The question was taken; and (two-thirds of those voting having responded in the affirmative) the rules were suspended and the bill, as amended, was passed.

The title of the bill was amended so as to read:

''A bill to extend for 2 years the authority to grant waivers of the foreign country residence requirement with respect to certain international medical graduates.''.

A motion to reconsider was laid on the table.

RELIGIOUS LIBERTY AND CHARITABLE DONATION CLARIFICATION ACT OF 2006

Mr. SENSENBRENNER. Mr. Speaker, I move to suspend the rules and pass the Senate bill (S. 4044) to clarify the treatment of certain charitable contributions under title 11, United States Code.

The Clerk read as follows:

S. 4044

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Religious Liberty and Charitable Donation Clarification Act of 2006''.

SEC. 2. TREATMENT OF CERTAIN CONTRIBUTIONS IN BANKRUPTCY.

Section 1325(b)(3) of title 11, United States Code, is amended by inserting '', other than subparagraph (A)(ii) of paragraph (2),'' after ''paragraph (2)''.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Wisconsin (Mr. SENSENBRENNER) and the gentleman from Michigan (Mr. CONYERS) each will control 20 minutes.

The Chair recognizes the gentleman from Wisconsin.

GENERAL LEAVE

Mr. SENSENBRENNER. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on Senate 4044 currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Wisconsin?

There was no objection.

Mr. SENSENBRENNER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of S. 4044, the Religious Liberty and Charitable Donation Clarification Act of 2006.

During the 105th Congress the Religious Liberty and Charitable Donation Protection Act of 1998 was signed into law by President Clinton. This bipartisan measure, introduced by Senator HATCH, sought to protect the rights of debtors to continue to make religious and charitable contributions after they filed for bankruptcy relief. In addition, the act protects religious and charitable organizations from having to turn over to bankruptcy trustees donations these organizations received from individuals who subsequently filed for bankruptcy relief.

As many of you will recall, a major overhaul of the Bankruptcy Code was enacted last year as the Bankruptcy Abuse Prevention and Consumer Protection Act. The clear intent of that act was not to disturb the rights of debtors to continue to make charitable contributions or to tithe pursuant to the 1998 act. Nonetheless, at least one court has construed Bankruptcy Code section 1325, amended by the 2005 act, to prohibit chapter 13 debtors with above-median incomes from making charitable contributions or tithing.